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SEP 07 2004

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21005

7590

06/07/2004

**HAMILTON, BROOK, SMITH & REYNOLDS, P.C.**  
**530 VIRGINIA ROAD**  
**P.O. BOX 9133**  
**CONCORD, MA 01742-9133**

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<b>Pamela Sarno</b>	(Depositor's name)
<i>Pamela Sarno</i>	(Signature)
9/2/04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/034,871	12/21/2001	David L. Brock	8491.0016	1458

TITLE OF INVENTION: MEDICAL MAPPING SYSTEM

3300.1029-000

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	09/07/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
SMITH, RUTH S	3737	600-114000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Hamilton, Brook, Smith & Reynolds, P.C.

2. \_\_\_\_\_  
 3. \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

endoVia Medical, Inc.

Norwood, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

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09/08/2004 WASFAW2 00000071 10034871

01 FC:2501	665.00 OP
02 FC:1504	300.00 OP
03 FC:8001	18.00 OP

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